

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.



FOR OFFICE USE ONLY

Postmark Date: 9-2-08

Term-E

ack

3072093

1. NAME Vaught Dave
Last First MI

NAME
CHANGE _____
Last First MI

2. BUSINESS PHONE 916-933-7243
(Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS 2401 Kettering Pl. El Dorado Hills, CA 95762
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Eisai Inc.

6. EMPLOYER'S ADDRESS 100 Tice Blvd. Woodcliff Lake, NJ 07677
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes X No _____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Eisai Inc.

Address 100 Tice Blvd. Woodcliff Lake, NJ 07677

Business or purpose Pharmaceutical Sales

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 6/30/08

SUPPLEMENTAL REGISTRATION FORM

<p>395</p> <hr/> <p>Lobbyist's Registration Number</p>
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2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____


☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist